STUDENT ORGANIZATIONS ANNUAL UPDATE FORM

Organization Name _____ Code _____

Type of Organization (*chartered only - please circle one*)

Academic	Multicultural	Special Interest
Campus Programming	Political	Sports
Governing Boards	Religious	
Honoraries	Service	

Purpose _____

Website _____ National/State Affiliation _____

Number of Student Members _____ Month(s) of Officer Turnover _____

Day of Meeting _____ Time of Meeting _____ Location _____

Frequency of Meetings Weekly _____ Bi-Monthly _____ Monthly _____

I agree that the activities of the above named organization will be conducted in accordance with local, state, and federal law, its constitution, and the policies and procedures governing chartered student organizations as set forth by SMU and the Student Senate and published in (but not limited to) the SMU Organizations Manual and Student Code of Conduct. I attended the risk management training in its entirety and received, will read, and am responsible for the information in the SMU Organizations Manual.

President _____

Signature _____ Date _____

SMU ID # _____ SMU E-mail _____

Officer #2 _____

Signature _____ Date _____

SMU ID # _____ SMU E-mail _____

Officer #3 _____

Signature _____ Date _____

SMU ID # _____ SMU E-mail _____

Officer #4 _____

Signature _____ Date _____

SMU ID # _____ SMU E-mail _____

I agree to serve as the advisor to the above mentioned organization. I attended the risk training in its entirety and received, will read, and am responsible for the information in the SMU Organizations Manual.

SMU Faculty/Staff Advisor _____

Signature _____ Date _____

SMU ID # _____ SMU E-mail _____